

12-10-01

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PTO/SB/50 (4/98)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Box Reissue
Commissioner For Patents
Washington, DC 20231

Attorney Docket No.

22728-06523

First Named Inventor

David Green

Original Patent Number

6,072,933

Original Patent Issue Date
(Month/Day/Year)

June 6, 2000

Express Mail Label No.

EL566299796US

APPLICATION FOR REISSUE OF:

(check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS

1. ☒ *Fee Transmittal Form ((PTO/SB/56)
(original only))
2. ☒ Specification and Claims (amended, if appropriate)
3. ☒ Drawing(s) (proposed amendments, if appropriate)
4. ☒ Reissue Oath/Declaration (unsigned)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
5. Original U.S. Patent
☐ Original U.S. Patent for Surrender
☐ Ribbonded Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))

☐ Written Consent of all Assignees (PTO/SB/53)☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

ACCOMPANYING APPLICATION PARTS

7. ☐ Statement of status/support for all changes to
the claims. See 37 CFR 1.173(c).
8. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS
Citations
9. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
10. ☐ *Small Entity ☐ Statement filed in prior application,
Statement(s) Status still proper and desired
(PTO/SB/09-12)
11. ☒ Preliminary Amendment and Statement of status/
support for all changes to the claims.
See 37 CFR 1.173(c).
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☐ Other: _____

*NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO
PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT
IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A
PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

14. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Labelor ☐ Correspondence address below

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PATENT, TRADEMARK OFFICE

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Name (Print/Type)

Rajiv P. Patel

Registration No. (Attorney/Agent)


39,327

Signature

Date

December 6, 2001

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 22728-06523	
Claims as Filed - Part 1							
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity Rate	Fee	Other than a Small Entity Rate Fee	
(A) 7	Total Claims (37 CFR 1.16(j))	(B) 138	**** 118 =	x \$	=	or	x \$18.00 = 2124.00
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 10	* 7 =	x \$	=		x \$84.00 = 588.00
Basic Fee (37 CFR 1.16(h))					\$	\$ 740.00	
Total Filing Fee					\$	OR \$ 3452.00	
Claims as Amended - Part 2							
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity Rate	Fee	Other than a Small Entity Rate Fee
Total Claims (37 CFR 1.16(j))	*** 138	MINUS	** 20 =	* = 118	x \$		or x \$18.00 = 2124.00
Independent Claims (37 CFR 1.16(i))	*** 10	MINUS	***** 3 =	= 7	x \$		x \$84.00 = 588.00
Total Additional Fee					\$	OR \$2712.00	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims</p> <p>**** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ <u>PLEASE DEFER</u> to cover the filing fee is enclosed.</p>							
December 6, 2001 Date				 Signature of Applicant, Attorney or Agent of Record <u>Rajiv P. Patel, Reg. No. 39,327</u> Typed or printed name			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.